

RESIDENT REQUEST

CENTER: SWACCC

DATE: 2-12-16

TO: ~~Warden Arnold~~

OFFICE:

FROM: Craig Shipp

NUMBER: 660 878

JOB:

SUPERVISOR:

WORKING HOURS:

HOUSING UNIT: 4-S

RECEIVED
FEB 21 2016

GIVE A DETAILED REASON FOR REQUEST:

open wound on left foot. And Charcot joint
on left foot causing bones to break down.
Need special orthotics.

This must be addressed in a Alex case
due to it has to be evaluated for medical
necessity by the doctor.

Craig Shipp

(RESIDENT'S SIGNATURE)

ACTION TAKEN:

2-12-16

- Medical

E. O. / 2-12-16

Laura Duran HSA 2/15/16

(RESPONDANT'S SIGNATURE AND DATE)

